

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000241956

**Entity Name:** SHADY NOOK FARM LLC

**Current Principal Place of Business:**

28367 NE STATE ROAD 69  
GRAND RIDGE, FL 32442

**Current Mailing Address:**

28367 NE STATE ROAD 69  
GRAND RIDGE, FL 32442 US

**FEI Number: 82-3494292**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WESSELHOEFT, PIERRE C  
6899 BONEYARD RD.  
GRAND RIDGE, FL 32442 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title PRES  
Name WESSELHOEFT, MARY L  
Address 28367 NE SR 69  
City-State-Zip: GRAND RIDGE FL 32442

Title MGR  
Name WESSELHOEFT, PIERRE C  
Address 6899 BONEYARD RD.  
City-State-Zip: GRAND RIDGE FL 32442

Title VP  
Name WESSELHOEFT, PAUL E  
Address 28367 NE STATE ROAD 69  
City-State-Zip: GRAND RIDGE FL 32442

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PIERRE WESSELHOEFT**

**MANAGER**

**02/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date